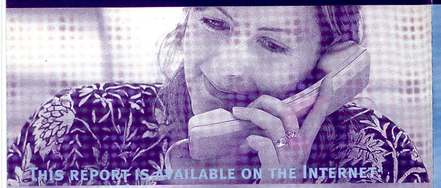


THIS REPORT IS AVAILABLE ON THE INTERNET:

http://www.ices.on.ca

The Institute for Clinical Evaluative Sciences produces a variety of publications, reports and other materials. For more information about ICES and the products available, please contact us at:


ICES
G1 06, 2075 Bayview Avenue
Toronto, Ontario
M4N 3M5

Telephone: (416)480-4055
Fax: (416)480-6048
E-mail: info@ices.on.ca



*Trends and Transitions* was produced by the ICES Research Transfer Unit.

Writing & Editing: Patty Bell and Kathy Knowles Chapeskie
Design: Laura Benben
Stock Photography: Digital Stock Corporation
Photography: BDS Studios
Printing: Continental Press

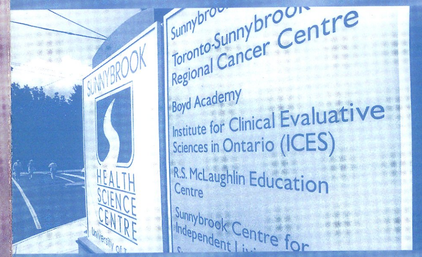

ICES

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES

Institute for Clinical Evaluative Sciences

# OUR MISSION

**ICES CONDUCTS RESEARCH THAT CONTRIBUTES TO THE EFFECTIVENESS, QUALITY, EQUITY, AND EFFICIENCY OF HEALTH CARE IN THE PROVINCE OF ONTARIO.**




# Our Goals

- To carry out health services research in areas of clinical and policy relevance from a population-wide perspective.
- To document province-wide patterns of medical care on an ongoing basis.
- To develop and disseminate information and decision tools of use to policy-makers, administrators, clinician-managers, practitioners, and patients.
- To implement and evaluate projects in a clinical setting so as to promote more effective and efficient patterns of care.
- To promote linkages among health services researchers in Ontario, and between researchers and decision-makers.
- To train health services researchers and promote a wider understanding of relevant concepts from clinical epidemiology and health services research.

## Auditor's Report

The accompanying summarized financial statements have been prepared from the financial statements of the Institute for Clinical Evaluative Sciences for the year ended March 31, 1998, by the Institute's management. We have audited those financial statements and reported thereon without reservation on May 8, 1998. In our opinion, the accompanying summarized financial statements are fairly stated, in all material respects, in relation to those financial statements from which they have been derived.

Coopers & Lybrand

CHARTERED ACCOUNTANTS — NORTH YORK, ONTARIO

Coopers & Lybrand

May 8, 1998

## BALANCE SHEET

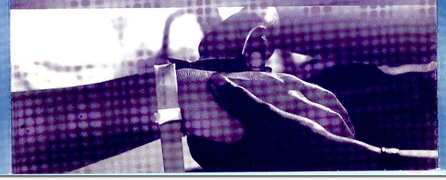
### STATEMENT OF FINANCIAL POSITION AS AT MARCH 31, 1998

### ASSETS

| | 1998 Capital and Operating Fund | 1998 Restricted Fund | 1998 Total | 1997 Capital and Operating Fund | 1997 Restricted Fund | 1997 Total |
|---|---|---|---|---|---|---|
| **Current Assets** | | | | | | |
| Cash | 1,079,707 | 204,701 | 1,284,408 | 853,935 | 254,388 | 1,108,323 |
| Short-term investments | 64,856 | 1,230,359 | 1,295,215 | -- | 397,960 | 397,960 |
| Other receivables | 88,452 | 3,095 | 91,547 | 45,527 | 12,010 | 57,537 |
| Prepaid expenses | 20,207 | -- | 20,207 | 9,166 | -- | 9,166 |
| | 1,253,222 | 1,438,155 | 2,691,377 | 908,628 | 664,358 | 1,572,986 |
| **Capital Assets** | 822,197 | -- | 822,197 | 850,390 | -- | 850,390 |
| | $2,075,419 | $1,438,155 | $3,513,574 | $1,759,018 | $664,358 | $2,423,376 |

### LIABILITIES AND DEFERRED AMOUNTS

| | 1998 Capital and Operating Fund | 1998 Restricted Fund | 1998 Total | 1997 Capital and Operating Fund | 1997 Restricted Fund | 1997 Total |
|---|---|---|---|---|---|---|
| **Current Liabilities** | | | | | | |
| Accounts payable and accruals | 166,826 | 15,254 | 182,080 | 197,340 | 32,969 | 230,309 |
| Due to Sunnybrook Health Science Centre | 1,086,396 | -- | 1,086,396 | 711,288 | -- | 711,288 |
| | 1,253,222 | 15,254 | 1,268,476 | 908,628 | 32,969 | 941,597 |
| Deferred Capital Grants | 554,874 | -- | 544,874 | 468,113 | -- | 468,113 |
| Deferred Startup Grant | 287,323 | -- | 267,323 | 382,277 | -- | 382,277 |
| Deferred Expense Grants | -- | 1,422,901 | **1,422,901** | -- | 631,389 | 631,389 |
| | $2,075,419 | $1,438,155 | $3,513,574 | $1,759,018 | $664,358 | $2,423,376 |



## CAPITAL AND OPERATING FUND

### STATEMENT OF OPERATIONS FOR THE YEAR ENDED MARCH 31, 1998

### REVENUE

| | Capital and Operating Fund 1998 $ | Capital and Operating Fund 1997 $ | Restricted Fund 1998 $ | Restricted Fund 1997 $ | Total 1998 $ | Total 1997 $ |
|---|---|---|---|---|---|---|
| **Grants** | | | | | | |
| Operating | 4,394,384 | 4,330,560 | -- | -- | 4,394,384 | 4,330,560 |
| Amortization of deferred start-up grant | 114,954 | 145,918 | -- | -- | 114,954 | 145,918 |
| Interest income | 42,083 | 17,680 | -- | -- | 42,083 | 17,680 |
| Other revenue | 348,785 | 427,450 | -- | -- | 348,785 | 427,450 |
| Amortization of deferred expense grants | -- | -- | 526,196 | 412,105 | 526,196 | 412,105 |
| | $4,900,206 | $4,921,608 | $526,196 | $412,105 | $5,426,402 | $5,333,713 |

### EXPENDITURE

| | | | | | | |
|---|---|---|---|---|---|---|
| Salaries and benefits | 3,214,440 | 3,379,552 | 326,217 | 174,225 | 3,540,657 | 3,553,777 |
| Consultative services | 337,975 | 319,250 | 117,463 | 143,021 | 455,438 | 462,271 |
| Computer supplies and software | 334,950 | 183,351 | 24,402 | 16,188 | 359,352 | 199,539 |
| Office and general expenses | 246,959 | 291,097 | 49,554 | 49,303 | 296,513 | 340,400 |
| Travel | 51,166 | 68,914 | 4,159 | 17,630 | 55,325 | 86,544 |
| Amortization of capital assets | 345,969 | 325,773 | -- | -- | 345,969 | 325,773 |
| Professional | 100,413 | 54,599 | 983 | 276 | 101,396 | 54,875 |
| Administrative | 206,366 | 206,366 | -- | -- | 206,366 | 206,366 |
| Catering | 25,340 | 43,274 | 3,418 | 11,462 | 28,758 | 54,736 |
| Other | 36,628 | 49,432 | -- | -- | 36,628 | 49,432 |
| | $4,900,206 | $4,921,608 | $526,196 | $412,105 | $5,426,402 | $5,333,713 |
| Excess of revenue over expenditure for the year | -- | -- | -- | -- | -- | -- |

### STATEMENT OF CASH FLOW FOR THE YEAR ENDED MARCH 31, 1998

CASH PROVIDED FROM (USED IN):

### OPERATING ACTIVITIES

| | | | | | | |
|---|---|---|---|---|---|---|
| Excess of revenue over expenditure for the year | -- | -- | -- | -- | -- | -- |
| Items not affecting cash: | | | | | | |
| Amortization of deferred startup grant | (114,954) | (145,918) | -- | -- | (114,954) | (145,918) |
| Amortization of deferred capital grant | (231,016) | (179,855) | -- | -- | (231,016) | (179,855) |
| Amortization of deferred expense grant | -- | -- | (526,196) | (412,105) | (526,196) | (412,105) |
| Amortization of capital assets | 345,969 | 325,773 | -- | -- | 345,969 | 325,773 |
| Change in non-cash working capital | 290,629 | (190,128) | (8,800) | 20,720 | 281,829 | 169,408 |
| | $290,628 | ($190,128) | ($534,996) | ($391,385) | ($244,368) | ($581,513) |

### INVESTING ACTIVITIES

| | Capital and Operating Fund 1998 $ | Capital and Operating Fund 1997 $ | Restricted Fund 1998 $ | Restricted Fund 1997 $ | Total 1998 $ | Total 1997 $ |
|---|---|---|---|---|---|---|
| Transfer from operating grant to deferred capital grant | 317,777 | 209,628 | -- | -- | 317,777 | 209,628 |
| Purchase of capital assets | (317,777) | (209,628) | -- | -- | (317,777) | (209,628) |
| | -- | -- | -- | -- | -- | -- |

### FINANCING ACTIVITY

| | | | | | | |
|---|---|---|---|---|---|---|
| Deferred grants received | -- | -- | 1,317,708 | 731,805 | 1,317,708 | 731,805 |

### CASH & SHORT TERM INVESTMENTS

| | | | | | | |
|---|---|---|---|---|---|---|
| Increase (decrease) in cash and short-term investments for the year | 290,628 | (190,128) | 782,712 | 340,420 | 1,073,340 | 150,292 |
| Cash and short-term investments—Beginning of year | 853,935 | 1,044,063 | 652,348 | 311,928 | 1,506,283 | 1,355,991 |
| Cash and short-term investments—End of year | 1,144,563 | 853,935 | 1,435,060 | 652,348 | 2,579,623 | 1,506,283 |
| Cash and short-term investments is comprised of: | | | | | | |
| Cash | 1,079,707 | 853,935 | 204,701 | 254,388 | 1,284,408 | 1,108,323 |
| Short-term investments | 64,856 | -- | 1,230,359 | 397,960 | 1,295,215 | 397,960 |
| | $1,144,563 | $853,935 | $1,435,060 | $652,348 | $2,579,623 | $1,506,283 |

**ONTARIO PUBLIC SECTOR SALARY DISCLOSURE ACT, 1996**

THE FOLLOWING FULL-TIME EMPLOYEES OF THE INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES (ICES) RECEIVED SALARIES OF $100,000 OR MORE IN 1997.

DR. GEOFF ANDERSON - SALARY $112,307.64 - TAXABLE BENEFITS, $895.36
DR. J. IVAN WILLIAMS - SALARY $115,333.91 - TAXABLE BENEFITS, $1003.64

This information is not part of the financial statements and therefore is not audited.

ANNUAL REPORT 1997-98

# Trends & Transitions

ICES

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES

## Message from the Chair

**Our health care system** is in a state of change. During this time of transition, the Institute for Clinical Evaluative Sciences (ICES) continues to play a leading role in the provision of reliable, solid information that examines these changes and their impact. ICES has conducted cutting-edge research that has mapped trends, identified opportunities for positive health care reform, and produced information tools for both health care providers and patients. With renewed funding from the Ministry of Health until 2003, ICES is in an excellent position to build on the success of its first six years and to continue conducting relevant research that provides policy-makers and health care professionals with the information they need to ensure the highest quality of care from our health care system.

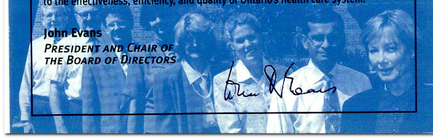
ICES too, is in transition. On June 30, 1998, Dr. C. David Naylor stepped down from the position of CEO. An international search for a new leader to guide ICES through its second mandate is under way. David's dedication and vision turned a plan for an Ontario health services research organization into a reality. His leadership has been truly exceptional in every way. His contributions to ICES and health services research these past six years are unparalleled. I, together with the board members and ICES faculty and staff, value the time spent working with David and wish him well.

In the interim, the Board of Directors has appointed Dr. J. (Jack) Ivan Williams Acting CEO. Jack has over 30 years of experience in health services research and has been with ICES since its inception as Deputy Director-Research. Dr. Vivek Goel, a Senior Scientist at ICES, will serve as the Acting Director of Research.

Changes to ICES' governance structure are well under way. A restructured board of directors and new committees will enable ICES to have greater input from a broader range of stakeholders. I would like to express my appreciation to the retiring members of the board, Tom Closson, Tom Magyarody, and Ian Warrack, for their constructive stewardship of ICES over the past six years. In order to smooth the transition to a new board of directors, I shall continue as President and Chair of the Board for another year.

Much of ICES' success can be attributed to the wealth of talent and experience of the people who work there. I wish to extend my congratulations to everyone at ICES for another successful year. I would especially like to thank the members of the management team whose commitment and hard work will carry ICES forward during the transitional year ahead. I would also like to recognize the many scientists and organizations which have partnered with the Institute and contributed to its success. The dedication of these many individuals will assure ICES' continued success throughout its next five-year term, and enable it to continue to make meaningful contributions to the effectiveness, efficiency, and quality of Ontario's health care system.

**John Evans**
*President and Chair of the Board of Directors*



# Trends & Transitions

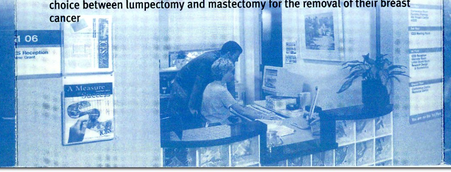
## A Future of New TRENDS...

**In 1993, ICES released its first *Patterns of Health Care in Ontario: The ICES Practice Atlas*. This was a landmark publication which, for the first time in Ontario, mapped variations in health care provision and usage, providing crucial insight and understanding of trends, and clinical and policy issues from a population-wide perspective. The report resulted in unprecedented public awareness of the variations in processes and outcomes of care across the province.**

**The atlas was among the first of many ICES research projects that are helping to set new standards for health care within Ontario. Since its inception, the Institute has investigated a wide array of health care issues—from antibiotic use to waiting lists for cardiac care—a feat facilitated by the broad range of expertise of ICES faculty and research staff. The Institute has also found innovative ways to disseminate and make research findings accessible to health care professionals, policy-makers and the general public.**

During 1997/98, ICES was involved in a large number of research initiatives, some of which are profiled in this report. Some of the year's projects include:

- an examination of the relationship between volume and outcome for major pancreatic surgery in Ontario
- an in-depth look at waiting lists and rates for coronary surgery provision which resulted in recommendations to the Ministry of Health to improve the management of cardiac care in *Waits and Rates: The 1997 ICES Report on Coronary Surgery for Ontario*
- the release of results from OPTAMI—Optimizing Pharmacologic Therapy for Acute Myocardial Infarction—which showed that a wide-ranging educational program may improve drug prescribing for heart attack patients
- the development of plans with the Canadian Cancer Society, Ontario Division for the public release of a patient decision aid to assist women making a choice between lumpectomy and mastectomy for the removal of their breast cancer



## A Prescription for Change

The Ontario Round Table on Appropriate Prescribing (ORTAP), a multi-stakeholder group, is committed to finding innovative ways to improve prescription drug use in Ontario. With a goal to ensuring that patients are getting the right drug, at the right time, and taking the medication prescribed, ICES researchers implemented a one-year community demonstration project which began in April 1997 in Peterborough, Ontario. Local pharmacists, general and family practitioners, the hospital, and patients participated in the project, which targeted three clinical areas: asthma, heart disease, and sore throats. The study involved: a trial prescription program, in which patients get a "trial" quantity of a prescription to ensure the drug is having the expected results before the full prescription is filled; a comprehensive continuing education program for general practitioners; and a hospital-based patient education program. "This unique initiative provides an opportunity for representatives from the research community, pharmaceutical industry, insurance companies, health professions, government and consumer organizations to work together to find ways to optimize treatment outcomes," says Dr. Geoff Anderson, Senior Scientist at ICES, and principal investigator for the project. "We hope that the findings of the Peterborough project, which will be released in late 1998 and early 1999, will provide new insight into ways to optimize health care practice."

## Access for Ontario's Seniors

"As the population ages, the provision of equitable health care services for seniors in Ontario will become an increasingly important issue," says Dr. Jan Hux, an ICES Scientist. The recent changes to the Ontario Drug Benefit (ODB) program presented Dr. Hux with an opportunity to determine if seniors' access to drug treatments was being impaired or their health jeopardized. Originally, prescription drugs were free under the ODB program. In July 1996, a co-payment was introduced requiring seniors to pay a fee per prescription and/or an annual deductible. Dr. Hux looked at drug use by seniors over a three-year period and found that most seniors continued to have their prescriptions filled for essential drugs, such as heart medication. At the same time, there was a significant decrease in the use of discretionary drugs, such as laxatives and sedatives, suggesting that patients may be making more informed, appropriate choices regarding over-the-counter drug use. Dr. Hux and her team have nearly completed a follow-up study to determine if the changes noted in the first study are having an impact on the costs for other health services.

## Protection from Harm

In the past, maintaining doctor-patient confidentiality when a patient has made a threat to seriously harm another individual or organization has placed physicians in an awkward position. However, an ICES report released in October 1997 has provided impetus for change. The Ontario Medical Expert Panel on Duty to Inform concluded that physicians have a duty to notify police and potential victims when a patient makes a threat of serious harm and, in the physician's opinion, this threat is likely to be carried out. Shortly after the release of the Panel's recommendations, a jury in a coroner's inquest agreed that physicians should have a duty to inform. "The expert panel's report was an international precedent-setting document because the medical community took the lead in establishing a new standard of practice," says Dr. Lorraine Ferris, Chair of the Ontario panel and Senior Scientist at ICES. The panel's recommendations are now being implemented in Ontario. Changes to the *Medicine Act* and the standards of practice set by the College of Physicians and Surgeons of Ontario to reflect a physician's duty to inform are in progress. In July 1999, a progress report will be tabled. Adds Dr. Ferris, "This will ensure the protection of both the public and the medical profession because physicians will be able to take steps to warn potential victims without compromising doctor-patient confidentiality or regulatory obligations."

## Health Care in the Home

Changes in the health care system have included a move toward more community-based care, including the use of home care. Until recently, however, little research had been done into the use and availability of home care services in Ontario. In late 1997, an ICES research team headed by Dr. Peter Coyte, an Adjunct Senior Scientist, released the first-ever report on the use of home care and the reinvestment required to ensure equitable provision of services across the province. "This was a landmark project because a study of this kind had never been done in Ontario," says Dr. Coyte. "Our goal was to provide information to facilitate reinvestment of health care dollars so that home care programs can offer the same level of services to all patients no matter where they live." The study, which examined patients' use of home care services following their discharge from hospital between 1993 and 1995, found significant variations across the province in the use of home care services. It estimated that at least $48.9 million was required to bring each home care program in the province to a uniform level of service. According to Dr. Coyte, reinvestment in home care would not only ensure continued and equitable services for patients but could contribute to the overall cost-effectiveness of Ontario's health care system.

## New Views of Trends and Patterns of Care

A lot of effort has been spent at the Institute over the past year gearing up for the publication of two new ICES "practice atlases." Currently, ICES is working with the Arthritis Community Research and Evaluation Unit (ACREU) and The Arthritis Society of Ontario, to produce a practice atlas on arthritis and related conditions. The report will discuss the epidemiology of arthritis and osteoporosis and will outline findings related to hospital services, medication, surgery, and other related topics. Cardiovascular care is the focus of the second atlas now in the early stages of development with the Ontario Heart and Stroke Foundation. This report will include information on cardiovascular mortality, risk factors for coronary artery disease, access to cardiovascular procedures, and the influence of ethnicity on access to cardiac services. Publication is expected in early 1999.

## TRANSITIONS...

The building blocks for the Institute for Clinical Evaluative Sciences were laid in 1991, with co-sponsorship from the Ontario Ministry of Health and the Ontario Medical Association. In the early stages, ICES supported the Joint Management Committee (JMC), which was established to serve as a window between the government and the profession; members included representatives from government, the health care sector, and the Ontario Medical Association. ICES supported the JMC by conducting research into optimal practice patterns, health policy and other health related issues. Although the JMC wound down by 1994, all parties supported the continuation of ICES as an independent body.

ICES worked to build on this foundation and to establish a reputation as an independent, leading-edge research organization. Today, about 100 research personnel work on site at ICES, including approximately two dozen faculty members, 50 staff, and more than two dozen students and fellows. The mission is to conduct research that contributes to the effectiveness, quality, equity and efficiency of health care in the province of Ontario.

April 1998 marked the beginning of the Institute's next five-year mandate. In accordance with the terms of the new agreement with the Ontario Ministry of Health, a new governance structure and committees are being implemented to provide input from a broad range of stakeholders.

## ICES Board of Directors

**The Board of Directors has been expanded to ten members. The broad range of experience and expertise of the board members will facilitate a multi-disciplinary approach to ICES' overall management. Board members include representatives from hospitals, private practice, health care associations, universities, as well as legal and community groups. The Board of Directors will help to shape the direction of future endeavours by providing insight and guidance on the strategic direction of ICES.**

**ICES Board of Directors**

- Dr. John Evans, Chair, TORSTAR
- Mr. Tom Closson, President and Chief Executive Officer, Sunnybrook Health Science Centre
- Dr. Gail Donner, Associate Dean, Faculty of Nursing, University of Toronto
- Dr. Wendy Graham, Family Physician, North Bay
- Ms. Virginia McLaughlin, Secretary-Treasurer, Helmhurst Investments Ltd. & Chair, GTA/905 Health Care Alliance
- Dr. Heather Munroe-Blum, Vice-President, Research and International Relations, University of Toronto
- Mr. Arthur Scace, Chair, McCarthy Tetrault Barristers & Solicitors
- Mr. Jack Shapiro, retired, community representative
- Mr. James Whaley, Executive Director, Grey Bruce Huron Perth District Health Council
- Dr. Lesia Wynnychuk, Physician, Ontario Medical Association representative

## ICES Committees

**Information Access and Confidentiality Committee**—This committee advises on issues related to access to, and release of, ICES-held data and information. This will include advice on issues related to data requirements for proposed projects, data security, access to information, confidentiality, legislation requirements, and policies related to the release of information.

**ICES-Ministry of Health (MOH) Liaison Committee**—This committee oversees the ongoing interactions between ICES and the Ministry of Health. The committee will review the progress of ICES projects, prioritize research endeavors, determine Ministry of Health research needs, and serve as a channel for the dissemination of research results.

**Stakeholder Advisory Committee**—Comprising representatives from nearly 30 organizations and interest groups, this committee provides ideas for the ICES research agenda and insight on potential policy implications arising from the Institute's research. The committee will also assist with the implementation and dissemination of research findings. Issue-specific subcommittees will be created as required.

**Scientific Advisory Committee**—Originally formed in 1993, the Scientific Advisory Committee has been recently reconstituted with new members and terms of reference. The new committee members will play an integral role in ensuring that ICES projects are relevant, effective and ethical. Specifically, the committee will provide advice on policies and procedures for: establishing research priorities, the peer-review process for determining the ICES research agenda, ethical considerations, and other academic activities which support the development of research trainees.